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Bib Data Sheet

CONFIRMATION NO. 4998

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/684,440	10/15/2003 RULE	514	1635	ISPH-0595US.P1

APPLICANTS

Rosanne M. Crooke, Carlsbad, CA;

Mark J. Graham, San Clemente, CA;

ATB

** CONTINUING DATA **********

This application is a CIP of 09/923,515 08/07/2001 and claims benefit of 60/475,402 06/02/2003

** FOREIGN APPLICATIONS ********** none ATB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 02/05/2004

Foreign Priority claimed	STATE OR	SHEETS	TOTAL	INDEPENDENT
☐ yes ☒ no				
35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance				
Verified and Acknowledged Examiner's Signature ATB Initials	COUNTRY CA	DRAWING 0	CLAIMS 35	CLAIMS 4

ADDRESS
36441
MARY E. BAK
HOWSON AND HOWSON, SPRING HOUSE CORPORATE CENTER
BOX 457
SPRING HOUSE , PA
19477

TITLE
Modulation of apolipoprotein (a) expression

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time)